

'Buried Alive'

Obsessive Compulsive Disorders And Hoarding

**An Over-View of Definitions
Treatment Modalities
And
Long Range Prognosis**

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**"We, the unwilling, led by the unknowing, are doing the
impossible for the ungrateful. We have done so much
for so long, with so little, we are now qualified to do
anything, with nothing" Mother Teresa**
Obsessive Compulsive Disorders

Obsessive Defined:

Compulsive (Action):

Irrational Control:

Possible 'Pathways' of Causes:

Psychiatric Conditions:

DSM-IV Associated Features and Disorders

'Frequently there is avoidance of situations that involve the content of the obsessions, such as dirt or contamination. For example, a person with obsessions about dirt may avoid public restrooms or shaking hands with strangers. Hypochondriacal concerns are common, with repeated visits to physicians to seek reassurance. Guilt, a pathological sense of responsibility, and sleep disturbances may be present. There may be excessive use of alcohol or of sedative, hypnotic, or anxiolytic medications. Performing compulsions may become a major life activity, leading to serious marital, occupational, or social disability. Pervasive avoidance may leave an individual housebound.

Obsessive-Compulsive Disorder may be associated with Major Depressive Disorder, other Anxiety Disorders (Specific Phobia, Social Phobia, Panic Disorder), Eating Disorders, and Obsessive-Compulsive Disorders. There is a high incidence of OCD in individuals with Tourette's Disorder, with estimates ranging from approximately 35% to 50%. The incidence of Tourette's disorder in OCD is lower, with estimates ranging between 5% to 7%. Between 20% and 30% of individuals with OCD have reported current or past tics.' (DSM-IV p. 419)

General OCD Treatment Models:

Legal Issues: State and Federal regulations/Guardianship and the courts (Level 5)

Family culture: issues facing families with members of the family who suffer from OCD and Hoarding. Psychological stress, confusion on how to 'help' the individual. Social stigma of having an 'odd' individual in the family. Embarrassment and exhaustion of care givers.

Cognitive + Medicine:

Behavioral Therapy (BT) and Cognitive Behavioral Therapy (CBT). Defined as **Exposure and Response Prevention (ERP)** (Very important to have a natural support system in place to help the individual who suffers)

Medicine: Tricyclic antidepressants family (clomipramine) brand name Anafranil
And the **SSRI** family of antidepressants: paroxetine (Paxil); fluoxetine (Prozac); sertraline (Zoloft); and citalopram (Celexa)

New Frontiers: neuro-surgery and biofeedback

Compulsive Hoarding

Characteristics

While there is no clear definition of compulsive hoarding in accepted diagnostic criteria

(such as the current DSM), Frost and Hartl (1996) provide the following defining features:

- The acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value
- Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed
- Significant distress or impairment in functioning caused by the hoarding
- Reluctance or inability to return borrowed items; as boundaries blur, impulsive acquisitiveness could sometimes lead to kleptomania or stealing

According to Sanjaya Saxena, MD, director of the Obsessive-Compulsive Disorders Program at the University of California, San Diego, compulsive hoarding in its worst forms can cause fires, unclean conditions (e.g. rat and roach infestations), injuries from tripping on clutter and other health and safety hazards. The hoarder may mistakenly believe that the hoarded items are very valuable, or the hoarder may know that the accumulated items are useless, or may attach a strong personal value to items which they recognize would have little or no value to others. A hoarder of the first kind may show off a cutlery set claiming it to be made of silver and mother-of-pearl, disregarding the fact that the packaging clearly states the cutlery is made of steel and plastic. A hoarder of the second type may have a refrigerator filled with uneaten food items months past their expiration dates, but in some cases would vehemently resist any attempts from relatives to dispose of the unusable food. In other cases the hoarder will recognize the need to clean the refrigerator, but due (in part) to feelings that doing so would be an exercise in futility, and overwhelmed by the similar condition of the rest of their living space, fails to do so.

Levels of hoarding

Although not commonly used by clinical psychologists, criteria for five levels of hoarding have been set forth by the National Study Group on Chronic Disorganization (NSGCD) entitled the NSGCD Clutter Hoarding Scale. Using the perspective of a professional organizer, this scale distinguishes five levels of hoarding with Level I being the least severe and Level V being the worst. Within each level there are four specific categories which define the severity of clutter and hoarding potential:

- Structure and zoning
- Pets and rodents
- Household functions
- Sanitation and cleanliness

Level I hoarder

Household is considered standard. No special knowledge in working with the Chronically Disorganized is necessary. Level 1 hoarding can be seen as someone overlooking a pile of newspapers or pizza boxes gathering in the corner.

Level II hoarder

Household requires professional organizers or related professionals to have additional knowledge and understanding of Chronic Disorganization.

Level III hoarder

Household may require services in addition to those a professional organizer and related professional can provide. Professional organizers and related professionals working with Level III households should have significant training in Chronic Disorganization and have developed a helpful community network of resources, especially mental health providers.

Level IV hoarder

Household needs the help of a professional organizer and a coordinated team of service providers. Psychological, medical issues or financial hardships are generally involved. Resources will be necessary to bring a household to a functional level. These services may include pest control services, "crime scene cleaners", financial counseling and licensed contractors and handy persons.

Level V hoarder

Professional organizers should not venture directly into working solo with this type of household. The Level V household may be under the care of a conservator or be an inherited estate of a mentally ill individual. Assistance is needed through the use of a multi-task team. These members may include social services and psychological/mental health representative (not applicable if inherited estate), conservator/trustee, building and zoning, fire and safety, landlord, legal aid and/or legal representatives. A written strategy needs to be outlined and contractual agreements made before proceeding.

Case studies

The following (edited) case study is taken from a published account of compulsive hoarding:

The client, #1 lived with her two children, aged 11 and 14 and described her current hoarding behavior as a 'small problem that mushroomed' many years ago, along with corresponding marital difficulties. D reported that her father was a hoarder and that she started saving when she was a child ... The volume of cluttered possessions took up approximately 70 percent of the living space in her house. With the exception of the bathroom, none of the rooms in the house could easily be used for their intended purpose. Both of the doors to the outside were blocked, so entry to the house was through the garage and the kitchen, where the table and chairs were covered with papers, newspapers, bills, books, half-consumed bags of chips and her children's school papers dating back ten years.

The following case study is taken from a published account of compulsive hoarding:

A 79-year-old woman recently died in a fire at her Washington, D.C., row house when 'pack rat conditions' held back firefighters from reaching her in time. A couple of days later, 47 firefighters from 4 cities spent 2 hours fighting a fire in a Southern California home before they were able to bring it under control. There was floor-to-ceiling clutter that had made it almost impossible for them to come in the house.

Subtypes and related conditions

Obsessive-compulsive disorder

It is not clear whether compulsive hoarding is a condition in itself, or rather a symptom of

other related conditions. Several studies have reported a correlation between hoarding and the presence and / or severity of obsessive-compulsive disorder (OCD). Compulsive hoarding does not seem to involve the same neurological mechanisms as more familiar forms of obsessive-compulsive disorder and does not respond to the same drugs (which target serotonin). Hoarding behavior is also related to obsessive-compulsive personality disorder (OCPD). There may be an overlap with a condition known as impulse control disorder (ICD), particularly when compulsive hoarding is linked to compulsive buying or acquisition behavior. However, some people displaying compulsive hoarding behavior show no other signs of what is usually considered to be OCD, OCPD or ICD. Those diagnosed with attention-deficit hyperactivity disorder (ADHD) often have hoarding tendencies.

Book hoarding

Bibliomania is an obsessive-compulsive disorder involving the collecting or hoarding of books to the point where social relations or health are damaged. One of several psychological disorders associated with books, bibliomania is characterized by the collecting of books which have no use to the collector nor any great intrinsic value to a more conventional book collector. The purchase of multiple copies of the same book and edition and the accumulation of books beyond possible capacity of use or enjoyment are frequent symptoms of bibliomania.

This definition may also be applied to those who collect such things as vinyl records (vinylmania) or other forms of recorded music (cassettes, CDRs, MP3s) and/or published items such as VHS cassettes, DVDs, magazines, newspapers, fliers as well as souvenir items and articles of clothing (sneakers are amongst the most common) which due to their limited production runs are considered unique.

Animal hoarding

Main article: Animal hoarding

Animal hoarding involves keeping larger than usual numbers of animals as pets without having the ability to properly house or care for them, while at the same time denying this inability. Compulsive animal hoarding can be characterized as a symptom of obsessive-compulsive disorder rather than deliberate cruelty towards animals. Hoarders are deeply attached to their pets and find it extremely difficult to let the pets go. They typically cannot comprehend that they are harming their pets by failing to provide them with proper care. Hoarders tend to believe that they provide the right amount of care for their pets. The American Society for the Prevention of Cruelty to Animals provides a "Hoarding Prevention Team", which works with hoarders to help them attain a manageable and healthy number of pets. Along with other compulsive hoarding behaviours, it is linked in the DSM-IV to obsessive-compulsive disorder and obsessive-compulsive personality disorder. Alternatively, animal hoarding could be related to addiction, dementia, or even focal delusion.

Animal hoarders display symptoms of delusional disorder in that they have a "belief system out of touch with reality". Virtually all hoarders lack insight into the extent of deterioration in their habitations and the health of their animals, refusing to acknowledge that anything is wrong. Delusional disorder is an effective model in that it offers an explanation of hoarder's apparent blindness to the realities of their situations. Another model that has been suggested to explain animal hoarding is attachment disorder, which

is primarily caused by poor parent-child relationships during childhood. As a result, those suffering from attachment disorder may turn to possessions, such as animals, to fill their need for a loving relationship. Interviews with animal hoarders have revealed that often hoarders experienced domestic trauma in childhood, providing evidence for this model. Perhaps the strongest psychological model put forward to explain animal hoarding is obsessive-compulsive disorder (OCD).

Physiology and treatment

Brain imaging studies using positron emission tomography (PET) scans that detect the effectiveness of long-term treatment have shown that the cerebral glucose metabolism patterns seen in OCD hoarders were distinct from the patterns in non-hoarding OCD. The most notable difference in these patterns was the decreased activity of the dorsal anterior cingulate gyrus, a part of the brain that is responsible for focus, attention and decision making. A 2004 University of Iowa study found that damage to the frontal lobes of the brain can lead to poor judgment and emotional disturbances, while damage to the right medial prefrontal cortex of the brain tends to cause compulsive hoarding.

Obsessive compulsive disorders are treated with various antidepressants: from the Tricyclic antidepressant family clomipramine (brand name Anafranil); and from the SSRI families paroxetine (Paxil), fluoxetine (Prozac), fluvoxamine (Luvox), sertraline (Zoloft) and citalopram (Celexa). With existing drug therapy OCD symptoms can be controlled, but not cured. Several of these compounds (including paroxetine, which has an FDA indication have been tested successfully in conjunction with OCD hoarding. A 2006 study of this usage of the drug to treat compulsive hoarding was conducted by the University of California, San Diego. Compulsive hoarding is also treated with psychotherapy which allows patients to deal with their emotions and behaviors. This method is vital to the successful treatment of hoarding. Most symptoms of OCD, such as contamination fears, checking and morbid/ritualistic thinking, are effectively treated with "Exposure and Response Prevention" (ERP). ERP consists of two parts: Behavior Therapy (BT) and Cognitive Behavioral Therapy (CBT)

Treatment and Prognosis

Success should never be measured as a 'cure'. This disorder is a chronic condition that needs ongoing support for management of symptoms. Safety and health of the individual suffering from such a disorder would seem to be the most important issue. Utilizing general emotional intervention (love, understanding and compassion) may be difficult to do when we get frustrated. The provider, caregiver and all parts of the interdisciplinary team will need to be aware of their own mental health as well. No one has created a support group for Hoarder's Anonymous! Perhaps its time! Reach out to others with similar stories. If you are in a position of administrating services, be aware of the extra stress that this type of condition can add to your staff. Their health is equally as important to assisting in resolving all mental health issues. Professional staff often do not seek outside help because of the nature of their training. Encourage interaction and support to show them how important their ideas and opinions are.

*Mother Teresa's Poem
'Anyway'*

*People are often unreasonable, illogical and self centered ;
Forgive them anyway.*

*If you are kind, people may accuse you of selfish, ulterior
motives.
Be kind anyway.*

*If you are successful, you will win some false friends and some
true friends,
Succeed anyway.*

*If you are honest and frank, people may cheat you;
Be honest and frank anyway.*

*What you spend years building, someone could destroy
overnight,
Build anyway.*

*If you find serenity and happiness, they may be jealous;
Be happy anyway.*

*The good you do today, people will often forget tomorrow;
Do good anyway.*

*Give the world the best you have, and it may never be enough;
Give the world the best you've got anyway.*

*You see, in the final analysis, it is between you and your God;
It was never between you and them anyway.*

*Reportedly inscribed on the wall of Mother Teresa's children's
home in Calcutta, and attributed to her. However, has since
reported (March 2, 2002) that the original version of this poem
was written by Kent M. Keith*